SCHEDULE B (FEC Form 3X)

SCIEDOLL B (I LCI OIIII 3X)	Use seperate schedule(s)	FOR LINE NUMBER: PAGE 88 / 102 (check only one)			
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 28a 28b	24 25 26 28c 29 30b	
Any Information copied from such Reports and State or for commercial purposes, other than using the na					
 NAME OF COMMITTEE (In Full) 	no and address of any political co	minimitee to SC	non contributions from	Such Committee	
Massachusetts Mutual Life Insurance Co	mpany Political Action Comr	mittee			
Full Name (Last, First, Middle Initial)			Transaction ID: 14939361		
Team Sununu		Date of Disbursement			
Mailing Address PO Box 500			06 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
City State Zip Code Rye NH 03870			Amount of Each Disbursement this Period		
Purpose of Disbursement				1000.00	
Event: June 8, 2006 011					
Candidate Name Sen. John E. Sununu Category/ Type					
	sement For: 2008 C Primary General Other (specify)		Event: June 8, 2006		
Full Name (Last, First, Middle Initial)			.	.000100	
3. Democratic Congressional Campaign Committee			Transaction ID: 15092133 Date of Disbursement M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 499 South Capitol St., SW, #100					
City State Zip Code Washington DC 20003		Amount of Each Disbursement this Period 5000.00			
Purpose of Disbursement Membership Renewal 011					
Candidate Name		Category/ Type			
Office Sought: Senate President State: Disbur	sement For: Primary General Other (specify) ▼		Membership Renewal		
Full Name (Last, First, Middle Initial) Ed Royce For Congress			Transaction ID: 14939363 Date of Disbursement		
Mailing Address P.O. Box 2525			06 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
City State Zip Code Orange CA 92859			Amount of Each Disbursement this Period		
Purpose of Disbursement Event: June 9, 2006 011		500.00			
Candidate Name Category/ Rep. Edward R. Royce Type					
Office Sought: X House Senate President State: CA District: 40	ement For: 2006 Primary X General Other (specify)		Event: June 9, 2006		
SUBTOTAL of Disbursements This Page (optional)			6500.00	
TOTAL This Period (last page this line number on				• • • • •	
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